



DISTRICT
NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES
AFSCME AFL-CIO

1319 LOCUST STREET • PHILADELPHIA, PENNSYLVANIA 19107-5498 • 215-735-1300 • FAX 215-735-9878

RECEIVED

2014 AUG -5 AM 9:35

FEC MAIL CENTER

CHRIS WOODS
Executive Vice-President

HENRY NICHOLAS
President

PETER GOULD
Executive Vice-President

JOHN HUNDZYNSKI
Vice President

MARGUERITE STANFORD
Secretary-Treasurer

July 25, 2014

Christopher Morse
Senior Campaign Finance Analyst
Reports Analysis Division
Federal Election Commission
Washington, DC 20463

RE: #C00034066, Year-End Report (07/01/2013 - 12/31/2013)

Dear Mr. Morse:

I am responding to your report regarding a review of the above-mentioned report. Attached is an amended report.

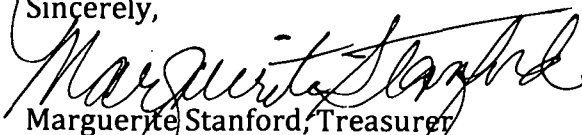
It addresses your item #1.

Item #2: The transfer was from our non-federal account. I have requested that the contribution (which addresses your item #3 as well) be returned in its entirety. Until that occurs, the amended report will show as a loan owed to the non-federal account, as funds are not available to transfer.

Item #3: Attached is a letter sent requesting a refund of the contribution. An amended report will be sent upon receipt of that contribution.

Please advise if there is anything further that you require.

Sincerely,


Marguerite Stanford, Treasurer

United We Care



**NATIONAL UNION OF HOSPITAL AND HEALTH CARE EMPLOYEES
AFSCME AFL-CIO**

1319 LOCUST STREET • PHILADELPHIA, PENNSYLVANIA 19107-5498 • 215-735-1300 • FAX 215-735-9878

HENRY NICHOLAS
President

CHRIS WOODS
Executive Vice-President

PETER GOULD
Executive Vice-President

MARGUERITE STANFORD
Secretary-Treasurer

JOHN HUNDZYNSKI
Vice President

July 25, 2014

Bob Brady for Congress
2401 Penna. Avenue, #6B23
Philadelphia, PA 19130

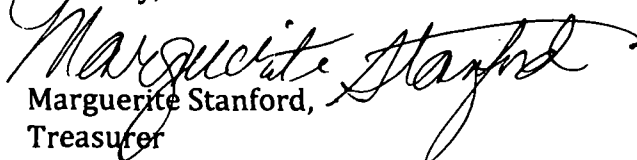
RE: Excessive Contribution

Dear Bob Brady for Congress:

I have been advised by the Federal Election Commission, copy attached and highlighted, which indicates that we made a contribution in excess of the \$5000.00 limit on September 12, 2013 for \$5200.00.

In addition we transferred from a non-Federal account to the Federal account for that purpose, apparently also in violation. Therefore I am requesting that that contribution be returned. Thank you for your attention to this matter.

Sincerely,


Marguerite Stanford,
Treasurer
District 1199C Political Action Fund

United We Care



**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2014 AUG -5 AM 9:35

Office Use Only

FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

DISTRICT 1199C NATIONAL UNION OF HOSPITAL AND
HEALTH CARE EMPLOYEES

ADDRESS (number and street)

11319 LOCUST STREET

PHILADELPHIA



Check if different
than previously
reported. (ACC)

PHILADELPHIA

PA

19107

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000034066

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y

07 / 01 / 2013

through

M M / D D / Y Y Y Y Y Y

12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

MARGUERITE STANFORD

Signature of Treasurer

Marguerite Stanford

Date

M M / D D / Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

POLITICAL ACTION FUND

DISTRICT 1199C, NATIONAL UNION OF HOSPITAL & HEALTH CARE EMPLOYEES

Report Covering the Period:

From:

07' 01' 2013

To:

12' 31' 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2613	690.52
(b) Cash on Hand at Beginning of Reporting Period.....	690.52	
(c) Total Receipts (from Line 19).....	5200	5200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5890.52	5890.52
7. Total Disbursements (from Line 31).....	5200.00	5200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	690.52	690.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	-0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	121866.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

DISTRICT 1199C, NUHHCE, POLITICAL ACTION FUND

Report Covering the Period:

From:

07 ' 01 ' 2013

To:

02 ' 01 ' 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

5200.00

5200.00

5200.00

5200.00

5200.00

5200.00

5200.00

5200.00

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(ii) Non-Federal Share			
(b) Other Federal Operating Expenditures			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		5,200.00	5,200.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))			
29. Other Disbursements			
30. Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity (from Schedule H6)			
(i) Federal Share			
(ii) "Levin" Share			
(b) Federal Election Activity Paid Entirely With Federal Funds			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))			
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		5,200.00	5,200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		5,200.00	5,200.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 8

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DISTRICT 1199C NUHHCE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. DISTRICT 1199C POLITICAL ACTION FUND

Mailing Address

1319 Locust Street

City

PHILADELPHIA

State

PA

Zip Code

19107

FEC ID number of contributing
federal political committee.

C

Name of Employer

DISTRICT 1199C

Occupation

Labor Organization

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

5200.00

Date of Receipt

09 / 12 / 2013

Amount of Each Receipt this Period

5200.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 8

☐ 21b ☐ 22 ☐ 23 ☒ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DISTRICT 1199C NUHHOE POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 12 / 2013

A. Bob Brady for Congress

Mailing Address

2401 PENNA. AVE #6B23

City

PHILA.

State

Zip Code

PA

19130

Purpose of Disbursement

Contribution

Candidate Name

Bob Brady

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

PA

District:

1

Amount of Each Disbursement this Period

5200.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

/ /

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

/ /

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 10
FOR LINE NUMBER:
(check only one)

NAME OF COMMITTEE (In Full)

DISTRICT 1199C, POLITICAL ACTION FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DISTRICT 1199C POLITICAL ACTION FUND

Mailing Address

1319 LOCUST ST.

City

State

PHILA.

PA

Zip Code

19104

Nature of Debt (Purpose):

Deposited in error
Funds Disbursed
Not available to repay.

Outstanding Balance Beginning This Period

66,666.00

Amount Incurred This Period

-0-

Payment This Period

-0-

Outstanding Balance at Close of This Period

66,666.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DISTRICT 1199C POLITICAL ACTION FUND

Mailing Address

1319 LOCUST ST.

City

State

PHILA.

PA

Zip Code

19107

Nature of Debt (Purpose):

Deposited in error.
Funds Disbursed
Not available to repay.

Outstanding Balance Beginning This Period

50,000.00

Amount Incurred This Period

-0-

Payment This Period

-0-

Outstanding Balance at Close of This Period

50,000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DISTRICT 1199C POLITICAL ACTION FUND

Mailing Address

1319 LOCUST STREET

City

State

PHILA.

PA

Zip Code

19107

Nature of Debt (Purpose):

Deposited in error
Funds Disbursed
Not available to repay.

Outstanding Balance Beginning This Period

52 -0-

Amount Incurred This Period

5,200.00

Payment This Period

-0-

Outstanding Balance at Close of This Period

5,200.00

1) SUBTOTALS This Period This Page (optional)..... ▶

121,866.00

2) TOTALS This Period (last page this line number only)..... ▶

121,866.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

121,866.00

DIS



National Union of Hospital
and Health Care Employees
AFSCME, AFL-CIO
1319 Locust Street
Philadelphia, PA 19107-5498



1-800-368-5848

Hasler

07/25/2014

US POSTAGE

\$00.90⁰²

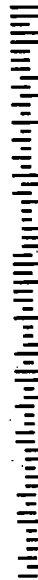


ZIP 19107
011D11617558

Federal Election Commission

Att: Christopher Morse

Washington, DC 20463



Address Correction Requested



RECEIVED
2014 AUG -5 AM 9:30
FEC MAIL CENTER

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/25/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER

(8/2013)

8/5/14
DATE PREPARED

110000110001100001